

**2019-2020 Minimal Income Statement** **Independent**

A review of your Free Application for Federal Student Aid (FAFSA) indicates either your (and your spouse's) total income from all sources for **2017** appears to be unusually low or no income was reported. Please complete ALL of the information requested on this form and return the document to the Financial Aid Office within 30 days from the date of receipt.

**Section A – Student Information**

Last Name	First Name	M.I.	XXX-XX- SSN (last 4)	Date of Birth
Address (include apt. no.)			Phone number (include area code)	
City	State	Zip Code	Email	

1. Did you (or your spouse) receive AFDC/TANF (welfare, SSI (disability), Social Security, or other benefits in 2017?

No    Yes   If yes, what benefits were received? \_\_\_\_\_

How much was received per month in 2017? \$ \_\_\_\_\_

How many months did you received assistance in 2017? \_\_\_\_\_
2. Did you receive **free** room and board at any time during 2017 as compensation for a job worked or as a participant in Teen Challenge, church ministry, etc.?

No    Yes   If yes, assign a total estimated value of benefits received (determine monthly cost of rental charges in geographical area where you stayed). Housing: \$ \_\_\_\_\_ Board: \$ \_\_\_\_\_ List **total** in **Section B**.
3. Did you (and your spouse) at any time during 2017 live with a parent/relative or someone else who provided you with **free** room and board?

No    Yes   If yes, assign a total estimated value of benefits received (determine monthly cost of rental charges in geographical area where you stayed). Housing: \$ \_\_\_\_\_ Board: \$ \_\_\_\_\_ List **total** in **Section B**.
4. Has anyone paid college costs (tuition, fees, room, board, books, etc.) in 2017 on your behalf?

No    Yes
5. Did anyone pay bills (cell phone, car insurance, etc.) on your behalf in 2017?

No    Yes
6. Did you receive regular monthly support/gifts from parents, churches, ministries, or others in 2017?

No    Yes   If yes, how much per month? \$ \_\_\_\_\_ # of months received \_\_\_\_\_
7. Did you (and your spouse) live in and/or earn income in another country in 2017?

No    Yes   If yes, what country? \_\_\_\_\_ How much earned? \$ \_\_\_\_\_

## Section B – List of Expenses and Support for 2017

You (and your spouse, if applicable) must list your monthly expenses, your monthly amount of support, and your source of support that you (and your spouse) received in the 2017 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

**PLEASE NOTE:** If your (and your spouse’s) monthly expenses are more than the 2017 income listed on the FAFSA, you (and your spouse) must provide an explanation in **Section C**. In addition, if your income has increased in 2018, please explain how and list your total anticipated income (taxable and nontaxable income) for 2018. Attach a separate sheet if necessary. ***This form will be considered incomplete and returned to you for completion if the explanation is missing or does not provide enough detail.***

<u>Student Living Expenses</u>	<u>Expenses</u> Period Covered: 1/1/17-12/31/17	<u>Support Received</u> Period Covered: 1/1/17-12/31/17	<u>Source of Support</u> Who Paid This Expense?
1. Housing (rent, mortgage payments, or room & board received)	\$	\$	
2. College Costs (tuition, fees, books, room & board, etc.)	\$	\$	
3. Utilities(phone, etc.)	\$	\$	
4. Credit card(s)	\$	\$	
5. Medical/Dental	\$	\$	
6. Auto (payments, gas, insurance, maintenance, registration, etc.)	\$	\$	
7. Other Personal Expenses (clothing, etc.)	\$	\$	
8. Total Annual Expenses & Support	\$	\$	Estimated Income for 2019: \$ _____

## Section C – Additional Comments

(See “PLEASE NOTE” Above)

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## Section D – Certification and Signature

By signing this worksheet, I certify I have carefully read its contents and have truthfully and accurately reported all requested information as it relates to my financial status. I realize changes will be made to the FAFSA by the Financial Aid Office in order to reflect the information provided above. I understand if this form is incomplete, financial aid will be delayed and forfeiture of campus-based aid which is awarded on a first-come, first-served basis may result.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse (if applicable)

\_\_\_\_\_  
Date

Mail Promptly To:

Financial Aid Office | Northpoint Bible College | 320 South Main Street | Haverhill, MA 01835 | (978) 478 3422